



**Peer Health Assistance Program
Worksite Monitor Report**

PAS Participant: _____ **Date:** _____

Employer: _____ **Position:** _____

Worksite Monitor Role: Supervisor Practice Monitor

Reporting Frequency: Monthly Quarterly

Frequency of Contact with PAS Participant: Daily Weekly Bi-weekly Monthly Quarterly

What professional license or certification is required for this position? _____

The PAS Participant is working the following number of hours per week: _____

Worksite Monitor has an unrestricted license or certification: Yes No

The PAS Participant consistently practices within the standards or practice. Yes No

The PAS Participant dispenses or administers controlled substances. Yes No

As a worksite monitor, the Peer Health Assistance Program relies upon you to provide current information regarding job performance and the ability to practice with reasonable skill and safety. Please review the categories below for any concerns.

- Have there been substantial changes in job duties since the last reporting period? Yes No
- Have you noticed any decline in job productivity? Yes No
- Have you noticed any issues with absenteeism or tardiness? Yes No
- Have you noticed any changes in attitude, mood, or behavior? Yes No
- Have you noticed any decline in physical presentation (balance, coordination, gait, appearance, speech, eye contact)? Yes No
- Have you noticed any difficulties with communication (relationships with coworkers, tone with patients, response to feedback, maintenance of professional boundaries)? Yes No
- Have you noticed any difficulty in cognitive functioning (alertness, memory, concentration, documentation accuracy, judgment)? Yes No
- Have there been any violations of the facility’s drug diversion prevention policy or drug free workplace policy? Yes No
- Is there any other information of which the Case Manager should be aware? Yes No

If you responded yes to any of the aforementioned statements, please explain:

Thank you for your time completing this report. Your role as a worksite monitor is critical to the success of this licensee. Please do not hesitate to contact the Case Manager with any questions or concerns at 303-369-0039.

Worksite Monitor Name: _____ **Date:** _____

Phone: _____ **Email:** _____

Worksite Monitor Signature: _____